

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/743762

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

**CLAIMS**

	INC.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIM  
PTO-15

22 0 1 1 1 1

TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

1 1 1 1 1 1

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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